

microscopical type (the WHO subtypes are closely correlated to the prognosis and likelihood of invasion as follows: A<AB<B1<B2<B3) ⁽⁶⁾. Myasthenia gravis most common paraneoplastic syndrome proved to have no effect on prognosis ⁽⁹⁻¹¹⁾.

Materials and Methods

A retrospective study on 51 cases of Thymoma was randomly selected from three cardiothoracic centers in Baghdad (Ibn-Al Nafes Hospital, Special Surgery Hospital, and Al-Kademia Teaching Hospital) from Jan 1991 to Oct.2004. All the specimens considered were completely or subtotally resected mediastinal tumors, tumor other than Thymoma were excluded. Clinical data were taken from patients' case sheets. H& E sections were re-examined and classified according to WHO classification into subtype A (medullary), AB (mixed), B1 (predominantly cortical), B2 (cortical) and B3 (epithelial). Three main staging systems were used Masaoka's, TNM and GETT staging systems. Staging was accomplished retrospectively using the operative notes and pathological reports. WHO histopathological subtypes and tumor staging systems were correlated with the clinical data.

Results

Forty three cases (84.4%) were malignant Thymoma and 8 (15.6%) were benign. Thirty-two patients (62.7%) were males and 19 (37.3%)

were females. Patient's age ranged from 11–67 years (mean of 39 years, SD=13.6). Major presentation (49%) was at fourth and fifth decades of life. Gender was significantly correlated to Masaoka's and TNM staging systems (p value <0.05), male patients were presented in advanced stages, while females were in early stages. Forty patients (68.5%) were symptomatic and the most common was myasthenia gravis in 54.9%, followed by chest pain 37.2 %, and dyspnea 25.4%. Myasthenia gravis patients, male to female ratio was (1.5:1), their age ranged from 22–50 years (mean =36 years).

WHO classification shows that most frequent subtype is B2 (35.3%) and least frequent is AB subtype (7.8%). Myasthenia gravis was seen in B2 and B3 subtypes (32%, 29% respectively) A significant correlation was found between WHO subtype and gender (p value <0.05) the most frequent subtype in male was B2 (27.5%) while in female subtypes A & B1 (11.8%) each, (Table 1).

WHO subtypes correlated significantly with Masaoka's staging system (p value<0.004), (Table 2). WHO individual subtypes correlated significantly with TNM staging systems. (P value <0.004), (Table 3). WHO risk groups did not correlate with GETT staging system neither as an individual subtypes nor as risk groups.